

Case Number:	CM14-0094538		
Date Assigned:	07/25/2014	Date of Injury:	05/25/2011
Decision Date:	08/28/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/20/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 51-year-old female claimant with an industrial injury dated 05/25/11. Xray of 05/31/11 states patient had evidence of mild joint space narrowing and spurring. Exam note 06/02/14 states the patient returns with hand numbness, tingling and pain. Patient demonstrated full range of motion on her examination of the wrist. Carpal tunnel syndrome, and compression tests both were listed as positive. In addition, the Tinel's sign was positive over the median nerve at the wrist. Conservative treatments include a home exercise program, physical therapy, acupuncture, injections, a splint, and medications. Diagnosis falls on bilateral carpal tunnel syndrome, and treatment plan includes left wrist carpal tunnel decompression.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical therapy two times a week for six weeks of the left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

Decision rationale: Per the CA MTUS/Post Surgical Treatment Guidelines, page 16, 3-8 visits over a 3-month period is authorized. From the submitted records there is a request for 12 visits

of postoperative therapy, which exceeds the guideline recommendation. Therefore the request is not medically necessary and appropriate.